

Annual Report

Termination Report

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Number (A	port Filed By Candida Tark X)	te 🔀 Co	omnittee	Lobbyist
Name of Filing Committee, Candidate or Lobbylst Street Address	renda William	sNichols	Magisterial D	istrict Tudge
city Corry	196 N Cert State	er St PA 24	o Code 16407	
Type of Report (Place x under report type)				
1-6 th Tuesday 2- 2 nd Priday 3-30 Day Post 4-6 Pre-Primary Pre-Primary Primary Pre	Tuesday 5- 2 nd Friday Election Pre-Election	6-30 Day Post 7-	Annual Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
			\boxtimes	
Date Of Election (MM/DD/YYYY) 11-7-2017	ar english	Amendment Report	Termination Report	
Summary of Receipts and From Date Expenditures	To Date		For Office Use Only	
A. Amount Brought Forward From Last Report	12-31-2017 5 G			9 1 1 1
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 0		9 - 1 - 1	1
C. Total Funds Available (Sum of Lines A and B)	\$ 0	• •		ซ เ
D. Total Expenditures (From Schedule III)	\$ ()		1	55 D.H
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 0			(1)
F. Value of In-Kind Contributions Received (From Schedule II) G. Unpaid Debts and Obligations	\$ O	:		
(From Schedule IV)	\$ -895,37	<u></u> .		. <u>. </u>
Part 1- If this is a Committee report, treasurer sign here. I	Affidavit Sec f this is a Candidate report, ca	ndidate sign here.		.,,,,,
I swear (or affirm) that this report, including the attached Sworn to and subscribed before me this	schedules on paper, is to the	best of my knowledge ar Byggler Signatury of Pe	Nulliand comp. Nulliand For Paulining reports	4
pignature NOTABIAL SEAL OF PENNS	<u>YLVA1[ÎĀ</u> —	Pri	inted Name	<u>IL</u> VIDES
My Commission expires Angalain Bin Sylvician Pul Mo City of Copy Frie County My Commission Expires Sept. 9	, 2018 A	rea Code	Daytime Telephone Numi	_
Part II- If this is a report of a Candidate's Authorized Com	mittee, candidate shall sign he	ere.		· · · · · · · · · · · · · · · · · · ·
I swear (or affirm) that to the best of my knowledge and barnended.	elief this political committee l	nas not violated any prov	visions of the Act of June 3, 1937	(P.L. 1333, NO.320) as
Sworn to and subscribed before me this				
day of20	-	Signature	e of Candidate	
Signature	, j , — —	Print	ed Name	
My Commission expiresMO. DAY YR.	A	rea Code	Daytime Telephone Numb	<u> </u>

SCHEDULE I Contributions and Receipts

Detailed Summary Page

1. Unitemized Contributions and Receipts \$50.00 or Less per Contributor	
Total for the reporting period (1)	\$ 0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
Contributions Received from Political Committees (Part A)	\$ ()
All Other Contributions (Part B)	\$ 0
Total for the reporting period (2)	\$ 0
3. Contributions Over \$250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$ 0
All Other Contributions (Part D) Total for the reporting period (3)	\$ 0
	\$ 0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	
Total for the reporting period (4) Total Monetary Contributions and Receipts during this reporting period (Add and	\$ 0
enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	\$ 0

Total \$1,964.29 was the amount given to coundidate or paid for ad once

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number				
				Amount
Full Name of Contributing Committee			Date (MM/DD/YYYY) S	
	et Address	· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY] \$	
Gity	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] 5	
	et Address	A STATE OF THE STA	Date [MM/DD/YYYY] IS	
City Full Name of Contributing	State	Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	
Committee	et Address			
City 1	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date (MM/DD/YYYY)	
	et Address	······································	Date [MM/DD/YYYY] S	
City 1	State	Zip Code	Date [MM/BD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] 5	
er politik Japan kar	et Address		Date MM/DD/YYYY] 5	
City :	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee House # Street	* Address		Date [MM/DD/YYYY] \$	
Chy	State	Zip Code	The state of the s	
		and the second	Date [MM/DD/YYYY] 5	

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:

Full Name of Contr	latiforii	-			Date (MM/C	n //VVVV	\$		
					Seec fielest S	W/11.511			
House #	Street Address	.			Date [MM/D	D/YYYY)	5		
247.6		120-2200-200-0							
City		State	Zip Code		Date (MM/D	D/YYYY]	\$		
Pull Name of Contri	butor		122 Company Common or one of the company of the com	·	Date [MM/D	D/YYYYI]	ş		
House#									
nuse#	Street Address				Date [MM/D	DITTT	\$		
City		State	Zip Code		Date [MM/D	D/YYYY]	5		
Full Name of Contri	a Catal				Date [MM/D	n haagut			
					Date Initity	<i>-</i> /1111	\$		
House #	Street Address		<u> </u>	<u>-</u>	Date [MW/D	D/YYYY]	\$		u
City									
A CANADA		State	Zip Code		Date (MM/D	J/YYYY]	\$		
Full Name of Contri	butor				Date (MM/b)	D/YYYY)	\$		
112									
House #	Street Address				Date [MM/D	D/YYYY]	\$		
City		State	Zip Code		Date [MM/DI)/YYYY)	\$		
Full Name of Contril									
	PLICE				Date (MM/DI	<i>)</i> /****/	\$		
House #	Street Address			<u> </u>	Date (MM/D)	O/YYYYY]	5	 .	
46		***************************************	WWW.						
City		State	Zip Code		Date [MIM/DI	5/YYYY <u>)</u>	\$	· -	
Full Name of Contril	autor			<u> </u>	Date [MM/DI)/YYYY)	\$		
House #	Street Address				Date (MM/DI)/YYYYY]	Š		
City		State	Zip Code		Date [MM/DI)/****]	\$		

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number:

Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House# Street Ac	ddress	**************************************	Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Ad	in the		Date [MM/DD/YYYY] \$	
City Full Name of	State	Zip Code	Date [MM/DD/YYYY] \$	
Contributing Committee			Date (MIM/OD/YYYY) \$	
House# Street Ad	1 h		Date [MM/DD/YYYY] \$	_
Full Name of	State	Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	
Contributing Committee House# Street Ad	drass		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of			Date [MM/DD/YYYY] \$	
Contributing Committee House # Street Ad	dress	;	Date [MM/DD/YYYY] 5	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Add			Date [MM/DD/YYYY] 5	
City	State	Zip Code	Date [MM/DD/YYYY] S	

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C)

Filer identification Number:

Full Name of Contributor			Date [MM/DD/YYYY] \$
House# Street Address			
	ı		Date [MM/DD/YYYY] \$
City.	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			Effection 1170s (Mussels scriptor)
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Address /	THE STATE OF THE S	The second secon	Occupation
Principal Place of Business			
Full Name of Contributor			Date (MM/DD/YYYY) \$
House # Street Address	- Control of the Cont		Date [MM/DD/YYYY] \$
City.	State	2lp Code	Date [MM/DD/YYYY] S
Employer Name Employer Mailing Address /	5663	Billing and the state of the st	Occupation -
Principal Place of Business			
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] 5
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Address / Principal Place of Business			Occupation

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Flier dentification Number:

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Full Name				
	Street Address			
City: 10 Personal Comments of the Comments of	A THE STATE OF THE	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	<u> </u>			
Full Name				
	Street Address			
City Charles State		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		plane.		
Full Name				
	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		8.00.00	i i rii	
Full Name				
	Street Address			
City	and the state of t	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number			
THE UNITEMIZED IN SUNE CONT.	ži ži kos polnice že stemijem nav	ALUE OF 550,00 OR LESS PER CONTRIBUTO	.6
1 OUTENACE IN AND CONT	HOUSING CERVED VA	ALUE OF 350.00 ON 1635 FER CONTINUOTO	
TOTAL for the reporting period	(1)	\$ 0	
2. IN KIND CONTRIBUTIONS RE	CEIVED-VALUE OF \$50.	01 TO \$250-00 (FROM PART F)	e de la companya de l
TOTAL for the reporting period	(2)	\$ 0	
3. IN-KIND CONTRIBUTION REC	EIVED-VALUE OVER \$25	50.00 (FROM PART G)	
TOTAL for the reporting period	(3)	\$ 0	
TOTAL VALUE OF IN-KIND CONTRIBUTI PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)	from boxes 1, 2, and 3;		

2017 \$350.00 was the Total compart for whole campaign in in-kind domations

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:

	<u> </u>		
Full Name of Contributor		<u></u>	Date [MM/DD/YYYY] \$
House # Stre	et Address		Date [MM/DD/YYYY] \$
City _	State	Zip Code	Date MM/DD/YYYY) \$
Description of Contribution	n de la companya de l		
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Stre	et Address		Date [MM/DD/YYYY] \$
(fig.)	e estado de la composição		
City	State	Zip Code	Date (MM/DD/YYYY) \$
Description of Contribution	ne de la		
Full Name of Contributor			Date (MM/DD/YYYY) (S)
House # Stre	et Address	<u> </u>	Date [MM/DD/YYYY] \$
11/2	ation final		
City	State	Zip Code	Date [MM/DD/YYYY] \$
Description of Contributio			
Full Name of Contributor			Date (MM/DD/YYYY)
House# Stre	et Address		Date [MM/DD/YYYY] \$
	All the first		45
City	State	Zip Code	Date [MM/DD/YYYY] \$
Description of Contributio	n l		
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Stre	et Address		Date [MM/DD/YYYY] \$
mie.			
City	State '	Zip Code	Date [MM/DD/YYYY] \$
Description of Contribution	1 100		

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer identification Number:	
To the second se	
Full Name of Contributor	Date [IVIM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business	Description of Contribution
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/OD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business	Description of Contribution
Full Name of Contributor	Date [MM/DD/YYYY] 5
House # Street Address	Date [IMM/DD/YYYY] 5
City State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business	Description of Contribution
Full Name of Contributor	Date [MM/DD/YYYY] 5
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business	Description of Contribution

SCHEDULE III

Statement of Expenditures				
Filer Identifica	ation Number:			
To Whom Pa	aid			Date [MM/DD/YYYY] 5
House #	Street Address	To Assessed Assessed (Assessed)	****	Description of Expenditure
City		State	Zip Code	
To Whom Pa	itd			-Date (MM/DD/YYYY)
House#	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Pa	ild Seeds			Date [MM/DD/YYYY] S
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Pa	lid			Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City	- Colored Springs and the colored springs are colored springs and the colored springs are colored springs and the colored springs and the colored springs are colored springs and colored springs are colored springs and colored springs are colored	State	Zip Code	
To Whom Pa	id.			Date [MM/DD/YYYY] \$
House#	Street Address			Description of Expenditure
City	Control of the contro	State	Zip Ćode	
To Whom Pa	ild.			Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Pa				Date (MM/DD/YYYY) \$
House #	Street Address			Description of Expenditure
City		State	Zip Till Code	
To Whom Pa	aid .	•		Date [MM/DD/YYYY] 5

Zlp Code

2017 >	2,842,72 was amount paid for expenses.
Expenditures	para for expanses

State

Street Address

House #

City

Description of Expenditure

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:			
Name of Creditor House # Stre	et Address State	DATE DEBT INCURRED [MM/DD/YYYY] Zip Code	Outstanding Balance of Debt \$
Description of Debt Name of Creditor House # Stre	et Address	DATE DEBT INCURRED [MM/DD/YYYY]	Outstanding Balance of Debt
Description of Debt	et Address	DATE DEBT INCURRED [MM/DD/YYYY]	Outstanding Balance of Debt
City Description of Debt Name of Creditor House # Stre	State	Zip Code DATE DEBT INCURRED [MM/DD/YYYY]	Outstanding Balance of Debt \$
City Description of Debt Name of Creditor House # Stre	State.	Zip: Code DATE DEST INCURRED	Outstanding Balance of Debt
City Description of Debt Name of Creditor	State	[MM/BD/YYYY] Zip Gode	Outstanding Balance of Debt
House # Stre City Description of Debt	et Address State	DATE DEBT INCURRED [MM/DD/YYYY] Zip Code	\$!

-895.37 candidate is in delot 0 = committee has no balance